

<div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p style="font-size: 2em; margin: 0;">B</p> <p style="margin: 0;"><b>CLAIMS ONLY</b></p> </div> <div> <p style="margin: 0;">Application Number <span style="font-size: 1.5em;">101049656</span></p> <p style="margin: 0;">Applicant(s)</p> </div> <div style="margin-left: 20px;"> <p style="margin: 0;">Filing Date</p> </div> </div>						
<small>* May be used for additional claims or amendments</small>						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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44						
45						
46						
47						
48						
49						
50						
Total Indep	1					
Total Depend	18					
Total Claims	19					

  

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						